

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (*if known*) _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

MICHAEL

First name

Middle name

SHELDON

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx-xx-8647**

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4. Your Employer Identification Number (EIN), if any.**About Debtor 1:**

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

5. Where you live**840 NORTHWOODS
Incline Village, NV 89451**

Number, Street, City, State & ZIP Code

Washoe

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No. Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____
Debtor _____	Relationship to you _____	
District _____	When _____	Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 MICHAEL SHELDON

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.” <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.	
	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.	
	16c. State the type of debts you owe that are not consumer debts or business debts <hr/>	
17. Are you filing under Chapter 7?		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
18. How many Creditors do you estimate that you owe?		
<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?		
<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?		
<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ MICHAEL SHELDON

MICHAEL SHELDON

Signature of Debtor 1

Signature of Debtor 2

Executed on **March 6, 2025**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

For your attorney, if you are represented by one I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ KEVIN A DARBY
Signature of Attorney for Debtor

Date **March 6, 2025**
MM / DD / YYYY

KEVIN A DARBY 7670

Printed name

DARBY LAW PRACTICE

Firm name

**499 W. PLUMB LANE, SUITE 202
Reno, NV 89509**

Number, Street, City, State & ZIP Code

Contact phone **775.322.1237**

Email address

kevin@darbylawpractice.com

7670 NV

Bar number & State

Fill in this information to identify your case:

Debtor 1	MICHAEL SHELDON		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEVADA	
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1 **SANTANDER CONSUMER USA, INC**
Creditor's Name

Describe the property that secures the claim: **\$22,541.00**

Automobile

Unknown

Unknown

**ATTN: BANKRUPTCY
PO BOX 961245
FORT WORTH, TX 76161**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred **8/13/21**

Last 4 digits of account number **1000**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.

\$22,541.00

\$22,541.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	MICHAEL SHELDON		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF NEVADA	
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 INTERNAL REVENUE SERVICE	Last 4 digits of account number	\$0.00	\$0.00
Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7317			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
NOTICE ONLY			

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

2.2	NEVADA DEPARTMENT OF TAXATION Priority Creditor's Name 555 E. WASHINGTON AVE. STE. 1300 Las Vegas, NV 89101 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			
	NOTICE ONLY				

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	AFFIRM, INC. Nonpriority Creditor's Name ATTN: BANKRUPTCY 650 CALIFORNIA ST, FL 12 SAN FRANCISCO, CA 94108 Number Street City State Zip Code	Last 4 digits of account number 6BQT \$1,457.00
	Who incurred the debt? Check one.	When was the debt incurred? Opened 05/24 Last Active 7/23/24
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Unsecured	

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4.2	AFFIRM, INC. Nonpriority Creditor's Name ATTN: BANKRUPTCY 650 CALIFORNIA ST, FL 12 SAN FRANCISCO, CA 94108	Last 4 digits of account number	KNP9	\$838.00
		When was the debt incurred?	Opened 02/24 Last Active 7/08/24	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Unsecured</p>			
4.3	AFFIRM, INC. Nonpriority Creditor's Name ATTN: BANKRUPTCY 650 CALIFORNIA ST, FL 12 SAN FRANCISCO, CA 94108	Last 4 digits of account number	BNME	\$836.00
		When was the debt incurred?	Opened 02/24 Last Active 6/20/24	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Unsecured</p>			
4.4	AFFIRM, INC. Nonpriority Creditor's Name ATTN: BANKRUPTCY 650 CALIFORNIA ST, FL 12 SAN FRANCISCO, CA 94108	Last 4 digits of account number	86XL	\$72.00
		When was the debt incurred?	Opened 04/23 Last Active 8/06/24	
	<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Unsecured</p>			

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4.5	ASPIRE CREDIT CARD Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 105555 ATLANTA, GA 30348	Last 4 digits of account number 1626	\$711.00
When was the debt incurred? Opened 08/24 Last Active 10/24			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes			
<hr/> 4.6 ASPIRE CREDIT CARD Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 105555 ATLANTA, GA 30348 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Credit Card <input type="checkbox"/> Yes			
Last 4 digits of account number 4329 \$345.00 When was the debt incurred? Opened 04/22 Last Active 01/25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<hr/> 4.7 BLAZE MASTERCARD Nonpriority Creditor's Name PO BOX 5096 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Unsecured debt <input type="checkbox"/> Yes			
Last 4 digits of account number _____ \$360.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.8	BRENDAN DONOVAN Nonpriority Creditor's Name PO BOX 5428 Incline Village, NV 89450 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential business related claim _____	Unknown
4.9	CAPITAL ONE Nonpriority Creditor's Name ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8878</u> _____ When was the debt incurred? <u>Opened 08/15 Last Active 07/19</u> _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card _____	\$1,745.00
4.1	CASH 1 Nonpriority Creditor's Name 5890 S. VIRGINIA ST. Reno, NV 89502 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured debt _____	\$3,000.00

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.1
1**CELTIC BANK**

Nonpriority Creditor's Name

**340 EAST 400 SOUTH
Salt Lake City, UT 84111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.1
2**CKS PRIME**

Nonpriority Creditor's Name

1800 STATE ROUTE 34 BLDG 3 STE 305**Belmar, NJ 07719**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Unsecured debt _____

4.1
3**CONTINENTAL FINANCE CO**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
4550 LINDEN HILL RD, STE 4
WILMINGTON, DE 19808**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6361

\$1,343.00

Opened 06/22 Last Active**11/24**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card _____

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

<p>4.1 4</p> <p>CONTINENTAL FINANCE COMPANY Nonpriority Creditor's Name ATTN: BANKRUPTCY 4550 NEW LINDEN HILL RD WILMINGTON, DE 19808 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	<p>Last 4 digits of account number 9813 \$673.00</p> <p>When was the debt incurred? Opened 05/24 Last Active 11/24</p> <p>As of the date you file, the claim is: Check all that apply</p>
<hr/> <p>4.1 5</p> <p>CONTINENTAL FINANCE COMPANY Nonpriority Creditor's Name 4450 LINDEN HILL RD. STE. 400 Wilmington, DE 19808 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify uNSECURD DEBT</p>	
<hr/> <p>4.1 6</p> <p>CREDIT ONE BANK Nonpriority Creditor's Name ATTN: BANKRUPTCY DEPARTMENT 6801 CIMARRON RD LAS VEGAS, NV 89113 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card</p>	

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4.1
7**CREDIT ONE BANK**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
DEPARTMENT
6801 CIMARRON RD
LAS VEGAS, NV 89113**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

4356**\$521.00**

When was the debt incurred?

**Opened 11/22 Last Active
11/24**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.1
8**DEPARTMENT OF EMPLOYMENT**

Nonpriority Creditor's Name

**TRAINING AND REHABILITATION
EMPLOYMENT
SECURITY DIVISION
500 E THIRD STREET
Carson City, NV 89713-0030**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **NOTICE ONLY**

4.1
9**FAST BUSINESS FINANCIAL**

Nonpriority Creditor's Name

**6420 WILSHIRE BLVD. #860
Los Angeles, CA 90048**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$50,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured debt**

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4.2
0**FIRST DIGITAL CARD**

Nonpriority Creditor's Name

ATTN: BANKRUPTCY**PO BOX 85650****SDIUX FALLS, SD 57118**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6042**\$481.00**When was the debt incurred?
Opened 05/22 Last Active 11/24

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.2
1**FIRST PREMIER BANK**

Nonpriority Creditor's Name

3820 N LOUISE AVE**SDIUX FALLS, SD 57107**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7519**\$978.00**When was the debt incurred?
Opened 07/23 Last Active 10/24

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**4.2
2**FIRST PREMIER BANK**

Nonpriority Creditor's Name

3820 N LOUISE AVE**SDIUX FALLS, SD 57107**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0571**\$638.00**When was the debt incurred?
Opened 06/22 Last Active 11/24

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**

Debtor 1 **MICHAEL SHELDON**

Case number (if known)

4.2
3**FIRST SAVINGS BANK**

Nonpriority Creditor's Name

ATTN: BANKRUPTCY**P.O. BOX 5019****SIOUX FALLS, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Credit Card**

Last 4 digits of account number

2897**\$359.00****Opened 07/23 Last Active 11/24**

As of the date you file, the claim is: Check all that apply

4.2
4**FIRST SAVINGS BANK/BLAZE**

Nonpriority Creditor's Name

ATTN: BANKRUPTCY**PO BOX 5096****SIOUX FALLS, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Credit Card**

Last 4 digits of account number

6402**\$360.00****Opened 02/24 Last Active 11/24**

As of the date you file, the claim is: Check all that apply

4.2
5**HF HOLDINGS**

Nonpriority Creditor's Name

**1707 ORLANDO CENTRAL PKWY
ORLANDO, FL 32809**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **01 MOBO LAW LLP**

Last 4 digits of account number

2978**\$14,242.00****Opened 5/22/23**

As of the date you file, the claim is: Check all that apply

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.2
6**JOHN MACK**

Nonpriority Creditor's Name

**C/O MARK WRAY, ESQ.
608 LANDER ST.
Reno, NV 89509**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Other. Specify Claim in litigation
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Claim in litigation

4.2
7**JOHN MEMO**

Nonpriority Creditor's Name

**2671 COLD SPRINGS RD.
Placerville, CA 95667**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Other. Specify Unsecured debt
 Yes

Last 4 digits of account number _____

\$14,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Unsecured debt

4.2
8**LVNV FUNDING/RESURGENT CAPITAL**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **4262****\$473.00****Opened 12/24 Last Active
09/24**

As of the date you file, the claim is: Check all that apply

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account TOTAL VISA
BANK OF MISSOURI**

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.2
9**MATTHEW SCHWAB**

Nonpriority Creditor's Name

**PO BOX 1386
Tahoe City, CA 96145**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$10,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Judgment** _____4.3
0**MERRICK BANK CORP**

Nonpriority Creditor's Name

**PO BOX 9201
OLD BETHPAGE, NY 11804**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

9289

\$1,499.00

When was the debt incurred?
Opened 03/23 Last Active 12/24

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card** _____4.3
1**MOBiloans, LLC**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
PO BOX 1409
MARKSVILLE, LA 71351**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

4008

\$2,230.00

When was the debt incurred?
Opened 1/30/23 Last Active 8/15/24

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Check Credit Or Line Of Credit** _____

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.3
2**REVI**

Nonpriority Creditor's Name

**1550 BRYANT STREET STE 750
San Francisco, CA 94103**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$300.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured debt**

4.3
3**RISE CREDIT**

Nonpriority Creditor's Name

**ATTENTION BANKRUPTCY
PO BOX 101808
DALLAS, TX 76185**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

6433

\$4,456.00

When was the debt incurred? _____

**Opened 11/23 Last Active
11/24/24**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured**

4.3
4**SANTEK CORP**

Nonpriority Creditor's Name

**1060 HOILAND AVE.
Clovis, CA 93612**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured debt**

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.3
5**SILVERMAN, KATTELMAN,
SPRINGATE, CHTD.**Nonpriority Creditor's Name
**C/O JOHN SPRINGATE, ESQ.
500 DAMONTE RANCH PKWY
SUITE 675
Reno, NV 89521**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Attorney fees** _____

4.3
6**SURGE**

Nonpriority Creditor's Name

**PO BOX 3220
Buffalo, NY 14240**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$673.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured debt** _____

4.3
7**TAHOE FOREST HOSPITAL DISTRICT**

Nonpriority Creditor's Name

**PO BOX 60901
Truckee, CA 96160**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **6905** _____**\$2,324.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Unsecured debt** _____

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.3
8**THINK BOC, LLC**

Nonpriority Creditor's Name

**C/O LOUIS BUBALA
50 W. LIBERTY ST. STE. 700
Reno, NV 89501**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Claims for breach of contract

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Claims for breach of contract

4.3
9**TODD HERROLD**

Nonpriority Creditor's Name

**C/O INFINITY LAW GROUP LLP
JENNIFER MCMENOMY, ESQ.
100 VINE STREET
Reno, NV 89503**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify Claims for breach of contract and fraudulent misrepresentation

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

4.4
0**U.S. Small Business Administration**

Nonpriority Creditor's Name

**Office of the General Counsel
312 N. Spring St., 5th Floor
Los Angeles, CA 90012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify NOTICE ONLY

Last 4 digits of account number _____

\$0.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

4.4
1**WEB BANK**

Nonpriority Creditor's Name

**215 STATE ST., SUITE 1000
Salt Lake City, UT 84119**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Unsecured debt**

Last 4 digits of account number _____

\$10,841.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

4.4
2**WILLIAM CAPPIELO**

Nonpriority Creditor's Name

**C/O JEFFREY KAPOR
1000 WILSHIRE BOULEVARD,
SUITE 1500
Los Angeles, CA 90017**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another Type of NONPRIORITY unsecured claim:
 Check if this claim is for a community debt Student loans
 Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 No Debts to pension or profit-sharing plans, and other similar debts
 Yes Other. Specify **Unsecured debt**

Last 4 digits of account number _____

Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**1ST PREMIER BANK
3820 N. LOISE AVENUE
Sioux Falls, SD 57107**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**CELTIC BANK
268 SOUTH STATE STREET, SUITE
300
SALT LAKE CITY, UT**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

**CREDIT ONE BANK
PO BOX 98873
Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **MICHAEL SHELDON**

Case number (if known) _____

**FIRST DIGITAL
PO BOX 85650
Sioux Falls, SD 57118**Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**HUE/FIRST SAVINGS CREDIT CARD
PO BOX 5019
Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**MOBO LAW LLP
212 ELK POINT RD. STE. 553
Zephyr Cove, NV 89448**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**TAHOE FOREST HOSPITAL
DISTRICT
905 N. LAKE BLVD. #201
Tahoe City, CA 96145**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
**WEB BANK
275 BATTERY STREET, 23RD
FLOOR
San Francisco, CA 94111**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

2529**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00	Total Claim
	6b. Taxes and certain other debts you owe the government	\$ 0.00	
	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00	
	6e. Total Priority. Add lines 6a through 6d.	\$ 0.00	
Total claims from Part 2	6f. Student loans	6f. \$ 0.00	Total Claim
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 128,210.00	
	6j. Total Nonpriority. Add lines 6f through 6i.	\$ 128,210.00	

MICHAEL SHELDON
840 NORTHWOODS
Incline Village, NV 89451

KEVIN A DARBY
DARBY LAW PRACTICE
499 W. PLUMB LANE, SUITE 202
Reno, NV 89509

1ST PREMIER BANK
Acct No xxxxxxxxxxxx7519
3820 N. LOISE AVENUE
Sioux Falls, SD 57107

AFFIRM, INC.
Acct No xxxx6BQT
ATTN: BANKRUPTCY
650 CALIFORNIA ST, FL 12
SAN FRANCISCO, CA 94108

AFFIRM, INC.
Acct No xxxxKNP9
ATTN: BANKRUPTCY
650 CALIFORNIA ST, FL 12
SAN FRANCISCO, CA 94108

AFFIRM, INC.
Acct No xxxxBNME
ATTN: BANKRUPTCY
650 CALIFORNIA ST, FL 12
SAN FRANCISCO, CA 94108

AFFIRM, INC.
Acct No xxxx86XL
ATTN: BANKRUPTCY
650 CALIFORNIA ST, FL 12
SAN FRANCISCO, CA 94108

ASPIRE CREDIT CARD
Acct No xxxxxxxxxxxx1626
ATTN: BANKRUPTCY
PO BOX 105555
ATLANTA, GA 30348

ASPIRE CREDIT CARD
Acct No xxxxxxxxxxxx4329
ATTN: BANKRUPTCY
PO BOX 105555
ATLANTA, GA 30348

BLAZE MASTERCARD
PO BOX 5096
Sioux Falls, SD 57117

BRENDAN DONOVAN
PO BOX 5428
Incline Village, NV 89450

CAPITAL ONE
Acct No xxxxxxxxxxxx8878
ATTN: BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

CASH 1
5890 S. VIRGINIA ST.
Reno, NV 89502

CELTIC BANK
340 EAST 400 SOUTH
Salt Lake City, UT 84111

CELTIC BANK
268 SOUTH STATE STREET, SUITE 300
SALT LAKE CITY, UT

CKS PRIME
1800 STATE ROUTE 34 BLDG 3 STE 305
Belmar, NJ 07719

CONTINENTAL FINANCE CO
Acct No xxxxxxxxxxxx6361
ATTN: BANKRUPTCY
4550 LINDEN HILL RD, STE 4
WILMINGTON, DE 19808

CONTINENTAL FINANCE COMPANY
Acct No xxxxxxxxxxxx9813
ATTN: BANKRUPTCY
4550 NEW LINDEN HILL RD
WILMINGTON, DE 19808

CONTINENTIAL FINANCE COMPANY
Acct No xxxx 6361
4450 LINDEN HILL RD. STE. 400
Wilmington, DE 19808

CREDIT ONE BANK
Acct No xxxxxxxxxxxx0089
ATTN: BANKRUPTCY DEPARTMENT
6801 CIMARRON RD
LAS VEGAS, NV 89113

CREDIT ONE BANK
Acct No xxxxxxxxxxxx4356
ATTN: BANKRUPTCY DEPARTMENT
6801 CIMARRON RD
LAS VEGAS, NV 89113

CREDIT ONE BANK
Acct No xxxxxxxxxxxx0089
PO BOX 98873
Las Vegas, NV 89193

DEPARTMENT OF EMPLOYMENT
TRAINING AND REHABILITATION EMPLOYMENT
SECURITY DIVISION
500 E THIRD STREET
Carson City, NV 89713-0030

FAST BUSINESS FINANCIAL
6420 WILSHIRE BLVD. #860
Los Angeles, CA 90048

FIRST DIGITAL
Acct No xxxxxxxxxxxx6042
PO BOX 85650
Sioux Falls, SD 57118

FIRST DIGITAL CARD
Acct No xxxxxxxxxxxx6042
ATTN: BANKRUPTCY
PO BOX 85650
SIOUX FALLS, SD 57118

FIRST PREMIER BANK
Acct No xxxxxxxxxxxx7519
3820 N LOUISE AVE
SIOUX FALLS, SD 57107

FIRST PREMIER BANK
Acct No xxxxxxxxxxxx0571
3820 N LOUISE AVE
SIOUX FALLS, SD 57107

FIRST SAVINGS BANK
Acct No xxxxxxxxxxxx2897
ATTN: BANKRUPTCY
P.O. BOX 5019
SIOUX FALLS, SD 57117

FIRST SAVINGS BANK/BLAZE
Acct No xxxxxxxxxxxx6402
ATTN: BANKRUPTCY
PO BOX 5096
SIOUX FALLS, SD 57117

HF HOLDINGS
Acct No xxxxxxxxx2978
1707 ORLANDO CENTRAL PWKY
ORLANDO, FL 32809

HUE/FIRST SAVINGS CREDIT CARD
Acct No xxxxxxxxxxxxxxxx2897
PO BOX 5019
Sioux Falls, SD 57117

INTERNAL REVENUE SERVICE
PO BOX 7346
Philadelphia, PA 19101-7317

JOHN MACK
C/O MARK WRAY, ESQ.
608 LANDER ST.
Reno, NV 89509

JOHN MEMO
2671 COLD SPRINGS RD.
Placerville, CA 95667

LVNV FUNDING/RESURGENT CAPITAL
Acct No xxxxxxxxxxxxxxxx4262
ATTN: BANKRUPTCY
PO BOX 10497
GREENVILLE, SC 29603

MATTHEW SCHWAB
PO BOX 1386
Tahoe City, CA 96145

MERRICK BANK CORP
Acct No xxxxxxxxxxxxxxxx9289
PO BOX 9201
OLD BETHPAGE, NY 11804

MOBILLOANS, LLC
Acct No xxxxxxxx4008
ATTN: BANKRUPTCY
PO BOX 1409
MARKSVILLE, LA 71351

MOBO LAW LAW LLP
Acct No xxxxxxxx2978
212 ELK POINT RD. STE. 553
Zephyr Cove, NV 89448

NEVADA DEPARTMENT OF TAXATION
555 E. WASHINGTON AVE. STE. 1300
Las Vegas, NV 89101

REVI
1550 BRYANT STREET STE 750
San Francisco, CA 94103

RISE CREDIT
Acct No xxx6433
ATTENTION BANKRUPTCY
PO BOX 101808
DALLAS, TX 76185

SANTANDER CONSUMER USA, INC
Acct No xxxxxxxxxxxxxxxx1000
ATTN: BANKRUPTCY
PO BOX 961245
FORT WORTH, TX 76161

SANTEK CORP
1060 HOILAND AVE.
Clovis, CA 93612

SILVERMAN, KATTLEMAN, SPRINGATE, CHTD.
C/O JOHN SPRINGATE, ESQ.
500 DAMONTE RANCH PKWY SUITE 675
Reno, NV 89521

SURGE
PO BOX 3220
Buffalo, NY 14240

TAHOE FOREST HOSPITAL DISTRICT
Acct No xxxxx6905
PO BOX 60901
Truckee, CA 96160

TAHOE FOREST HOSPITAL DISTRICT
Acct No xxxxx6905
905 N. LAKE BLVD. #201
Tahoe City, CA 96145

THINK BOC, LLC
C/O LOUIS BUBALA
50 W. LIBERTY ST. STE. 700
Reno, NV 89501

TODD HERROLD
C/O INFINITY LAW GROUP LLP
JENNIFER MCMENOMY, ESQ.
100 VINE STREET
Reno, NV 89503

U.S. Small Business Administration
Office of the General Counsel
312 N. Spring St., 5th Floor
Los Angeles, CA 90012

WEB BANK
215 STATE ST., SUITE 1000
Salt Lake City, UT 84119

WEB BANK
Acct No 22529
275 BATTERY STREET, 23RD FLOOR
San Francisco, CA 94111

WILLIAM CAPPIELLO
C/O JEFFREY KAPOR
1000 WILSHIRE BOULEVARD, SUITE 1500
Los Angeles, CA 90017